S. No. 2
M—9-4-41
5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAR 20 1943 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8879

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 2202

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5832 Easton Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 5832 Easton Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Vosbrink.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emelie Vosbrink.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 2, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	5	4	hr. min.

9. Birthplace Shotwell, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant (retired

11. Industry or business

FATHER
12. Name J. Henry Vosbrink.
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hermenia Keller.
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emelie Vosbrink.
(b) Address 5832 Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1943.
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mauseleum.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966 Easton Ave.

19. (a) MAR 8 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th.
year 1943 hour 9 minute A.M. M.

21. I hereby certify that I attended the deceased from 5/19, 1939 to March 6, 1943.
that I last saw him alive on March 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ch. Myocarditis.	24 years
Due to Arteriosclerosis.	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thurlow Greenlee Mgr.
Address 4500 Alma Date signed 3/6/43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454 David E. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.